

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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CHIROPRACTIC EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR WISCONSIN CHIROPRACTIC LICENSURE

1. Complete the application form (#502), including notarized signature.
2. Attach fee to application. Checks or money orders should be made payable to the **DEPARTMENT OF REGULATION AND LICENSING**. Your cancelled check will be your receipt.
3. As of July 1, 1998, you must have earned a bachelor's degree from an accredited college or university and have graduated from a chiropractic college with the degree of doctor of chiropractic.
4. Candidates must pass the written jurisprudence examination prior to licensure. The department administers the exam on the dates indicated below.
5. In addition to the application form and fee, the following supporting documents must be forwarded to the board office:
 - a. Certified transcript(s) of pre-professional college education, indicating date of graduation and degree granted; addressed to the attention of the Chiropractic Examining Board listed above.
 - b. Certified transcript from a board-approved chiropractic college indicating date of graduation and degree granted;
 - c. Certified transcript of scores of the National Board of Chiropractic Examiners (**Parts I, II, III and IV**) examination. Applicants must have passed all subjects, with a score of 375 or above, to be eligible for the jurisprudence exam. (Physiotherapy not required); and
 - d. If you are or were licensed in any other state or territory outside of the U.S., you must complete the top portion of the enclosed verification forms(s) and then submit it/them to the licensing authority of each state/territory where you are/were licensed. You may want to contact the licensing authority and inquire if there is a fee for completing the form(s). The licensing authority must then submit it **DIRECTLY** to this office.

ALL SUPPORTING DOCUMENTS MUST BE RECEIVED FROM THE INSTITUTIONS. THEY WILL NOT BE ACCEPTED FROM THE CANDIDATE.

Please have all documents addressed to: CHIROPRACTIC EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708.

DEADLINE

Applications and all supporting documents must be filed in the board office **at least 30 days prior** to the date listed below in order for you to test on that date.

<u>Exam Date</u>	<u>Deadline Date</u>		<u>Exam Date</u>	<u>Deadline Date</u>
January 16, 2003	December 17, 2002		July 17, 2003	June 17, 2003
February 27, 2003	January 28, 2003		August 21, 2003	July 22, 2003
March 20, 2003	February 18, 2003		September 18, 2003	August 19, 2003
April 17, 2003	March 18, 2003		October 16, 2003	September 16, 2003
May 15, 2003	April 15, 2003		November 13, 2003	October 14, 2003
June 19, 2003	May 20, 2003		December 18, 2003	November 18, 2003

Wisconsin Department of Regulation & Licensing

EXAMINATION INFORMATION

WRITTEN EXAMINATION (1 hour): Objective questions to test your knowledge of the “*Wisconsin Statutes and Administrative Code Related to Chiropractic*”.

A score of 75 must be obtained.

EVALUATION/FAIRNESS

The content and process of the licensure examination, and candidate performance statistics, are regularly evaluated by the Department and the Chiropractic Examining Board to assure that the examination fairly and effectively assesses competencies necessary to practice as a chiropractor in Wisconsin.

RETAKE EXAMINATIONS

An applicant who fails the state law examination shall be required to retake that examination.

Retake examinations will be given at the next scheduled licensure examination.

Candidates who are unsuccessful on the examination have **2 years** from the date of the original exam to retake the exam. If the candidate is unsuccessful within the 2 years, the entire examination must be retaken.

RECORD RETENTION

Successful examination scores of credentialed candidates are retained in an electronic credential file. **Unsuccessful** scores are retained on file until replaced by passing scores.

REFUNDS

Applicants will receive a refund of all but \$10.00 of the examination fee if:

- a. an applicant is found to be unqualified for an examination administered by the department or the Board;
- b. an applicant withdraws an application by written notice to the Board at least 10 days in advance of a scheduled examination; or
- c. an applicant who fails to take the examination provides a written explanation satisfactory to the Board that the applicant's failure to take the examination resulted from extreme personal hardship.

ADDITIONAL INFORMATION

Name and/or address changes must be reported to the board office within **30 days** or a **\$50.00 fine** can be imposed.

The Board has no reciprocal agreements with any other state board or territories outside of the U.S.

The Board does not issue permits to practice chiropractic while the application for licensure is pending.

New licensees may **NOT** begin practice until the license has been received.

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CHIROPRACTIC EXAMINING BOARD

APPLICATION FOR LICENSURE TO PRACTICE CHIROPRACTIC

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. COLLEGE(S) GRANTING BACHELOR'S DEGREE	Institution	Location	Dates Attended	Degree
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. COLLEGE OF CHIROPRACTIC _____ ADDRESS _____	DATE OF GRADUATION _____
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3. ARE YOU A GRADUATE OF ANY SCHOOL OF HEALTH PROFESSION OTHER THAN CHIROPRACTIC?
☐ YES ☐ NO If yes, list name of school, location and degree received.

4. ARE YOU LICENSED/CERTIFIED IN ANY HEALTH PROFESSION OTHER THAN CHIROPRACTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list license(s) held and state(s). _____ _____	For Receipting Use Only
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APPLICATION FEES: (Make check payable to Department of Regulation and Licensing and attach to application.)

\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$ 110.00 Total Fee Attached

-OVER-

Wisconsin Department of Regulation & Licensing

5. HAS YOUR LICENSE/CERTIFICATE TO PRACTICE ANY OTHER PROFESSION/OCCUPATION EVER BEEN DENIED, RESTRICTED, REVOKED, LIMITED, SURRENDERED, CANCELLED OR SUSPENDED?

☐ YES ☐ NO If yes, give details on an attached sheet.

6. ARE YOU LICENSED TO PRACTICE CHIROPRACTIC IN ANY OTHER STATE(S)?

☐ YES ☐ NO If yes, list state(s).

7. IS YOUR CHIROPRACTIC LICENSE NOW SUBJECT TO DISCIPLINARY PROCEEDINGS IN ANOTHER STATE?

☐ YES ☐ NO If yes, in which state?

8. HAS YOUR LICENSE(S) TO PRACTICE CHIROPRACTIC EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE(S)?

☐ YES ☐ NO If yes, give details on an attached sheet.

9. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?

☐ YES ☐ NO If yes, give details on an attached sheet and submit a copy of the suit or claim of the final settlement or disposition.

A "YES" ANSWER TO THE FOLLOWING QUESTION IS NOT AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR CONVICTION/ARREST RECORD.

10. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?

☐ YES ☐ NO If yes, give details on an attached sheet.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the statutes or rules of either the Chiropractic Examining Board or the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public

SEAL

Date Commission Expires

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CHIROPRACTIC EXAMINING BOARD

VERIFICATION OF LICENSURE

Information requested is required for processing.

APPLICANT: Complete the top section of this form and forward it to the state in which you are/were registered/licensed to complete the bottom portion.

NAME: _____
(last) (first) (middle)

ADDRESS: _____
(street) (city) (state) (zip)

ORIGINAL LICENSE NUMBER: _____ DATE ISSUED: _____

I hereby authorize the _____ Chiropractic Examining Board
(state to which sending form)

to furnish the WISCONSIN CHIROPRACTIC EXAMINING BOARD the information requested below.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

1. This is to certify that the above-named was issued license number _____
to practice chiropractic on: _____
(date of issuance)

2. Licensed by: a. Examination _____ b. Endorsement _____
c. Reciprocity _____ d. Waiver _____

3. If licensed by examination, did portions of the examination include:

Physical Diagnosis	_____	Score	_____
Adjusting Techniques	_____	Score	_____
X-Ray	_____	Score	_____

4. Current licensure status: a. Active _____ Expiration date _____
b. Not current _____

5. Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES _____
NO _____

6. If yes, explain on an attached sheet.

Signed: _____

SEAL

Title: _____

State: _____ Date: _____

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ADDENDUM TO APPLICATION

Information requested is required for processing.

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

			-			-				
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Social Security Number or FEIN

Date of Birth

Type of Credential (license, permit, certificate)

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.⁵

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2380 (Rev. 11/02)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth ____ month ____ day ____ year	Social Security Number _____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 2/03) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

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APPLICATION PACKET ADDENDUM (INTERNET)

CHIROPRACTIC LICENSURE

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)